

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF EMPLOYMENT SERVICES  
OFFICE OF YOUTH PROGRAMS**

**MAYOR'S YOUTH LEADERSHIP INSTITUTE  
RETURNING PARTICIPANT APPLICATION  
PROGRAM YEAR 2009-2010**

To be considered a Mayor's Youth Leadership Institute returning participant, an individual must have been enrolled in the Institute between June 18, 2008, through May 30, 2009. Also, you must be a resident of the District of Columbia, 14 to 19 years of age, and registered for the 2009 Passport-to-Work Summer Youth Program. For additional information, please call (202) 698-3492.

**PERSONAL INFORMATION (Please print or type.)**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
\_\_\_\_\_ Apt. # \_\_\_\_\_  
\_\_\_\_\_ Ward \_\_\_\_\_  
(City) (State) (Zip Code)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Birth date \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Male) (Female)

Email: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work)

Address \_\_\_\_\_  
\_\_\_\_\_ (City) (State) (Zip Code)

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

In case of emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
\_\_\_\_\_ (City) (State) (Zip Code)

In which sector were you assigned? \_\_\_\_\_ Do you have an updated resume? \_\_\_\_ Yes \_\_\_\_ No

**PERSONAL STATEMENTS:** Each of your statements should be at least four sentences, and you may attach additional sheets. There are no right or wrong responses, so feel free to answer openly and honestly.

How has the Mayor's Youth Leadership Institute affected your life? \_\_\_\_\_

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How do you foresee knowledge from the Institute helping you to accomplish your goals?

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What are your reasons for re-applying to the Institute? \_\_\_\_\_

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1. Did you participate in the MYLI School-Year Component? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. How many Institute activities have you participated in from July 5, 2006, to the present? \_\_\_\_\_

If none, please explain \_\_\_\_\_

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3. Please check your T-shirt size (one size only)

\_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_ XXX-Large

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Applicant's Signature

Parent / Guardian's Signature

Date

**NOTE: To continue to participate in the Institute, youth must register for the 2009 Passport-to-Work Summer Youth Program. Once the application is completed, please bring the application and required documentation to the Office of Youth Programs, 625 H Street, N.E. For additional information, call (202) 698-3492.**

***DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, MARCH 27, 2009.***

*This completed application must be received in the Office of Youth Programs by the deadline date.*

*The Office of Youth Programs is located at 625 H Street N.E., Washington D.C. 20002-4347*

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ADRIAN M. FENTY, MAYOR



DEPARTMENT OF EMPLOYMENT SERVICES  
JOSEPH P. WALSH, ACTING DIRECTOR